V. S. No. 1

1. PLACE OF DEATH	1	93-0 ×	1
County Char	les	Registration Dis	t. No. 106
Village or City Omo	nkey leath occurred 6 4 yrs 4 m	No. If death occurred in a horpital or institution, give its NAME inco. A O ds. How long In U.S. If of foreign birth?	stead of street and number)
(/-	is M. Brown		
2. FULL NAME		7	
(a) Residence: No. O a	(Usual place of abode)	St., Ward.	e city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE O	
SEX 4. COLOR OR RACE Penale Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH March (Month)	3/, 193 6 (Day) (Yaar)
. If married, widowed, or divorced HUSBAND of	0	308	
(or) WIFE of			That I attanded daceased fr
	1-0 10 11 1911	1	arch 30 , 193
DATE OF BIRTH (month, day, and year)	10 rember 11, 1871	7/5	, 19 <u>3</u> 6; death is s
AGE Years Months	Days If LESS than	to have occurred on the date stated above, et. The PRINCIPAL CAUSE OF DEATH and related causes o	7.m.
64 4	ormin.	wera as follows:	Dats of on
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Siana-tre	Chronic myocardelis	12/18
SAWYER, BOOKKEEPER, etc			
Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	wate homes		
10 Data dagged last worked at	11. Total tima (yaars)		
this occupation (month and See 19 year)	35 II. Total tima (yaars) spent in this occupation		
Pin	ronkers	Other Contributory Courses of Importanca:	193.
(State or country)	nd of	acute cyptitis	Febr
13. NAME Sevice B	hanna	grave govern	120
P	· · · · · · · · · · · · · · · · · · ·		
14. BIRTHPLACE (city or town)	held	Name of operation	
15. MAIDEN NAME ann	Tippott	What test confirmed diagnosis?	
P	1/10	23. If death was dua to external causes (VIOLENCE) fill In	
16. BIRTHPLACE (city or town)	actely	Accident, suicide, or homicide? Data	of injury, 19
(State or country)	2	Where did injury occur? (Specify city or tow	vn, county and State)
(Address) 321 T BY.N.	W. Wash. B.C.	Specify whether injury occurred in INDUSTRY, in HOME,	, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	. (bil 3 31	Manner of Injury	
Placa Country and	Date 1911 36	Nature of Injury	
UNDERTAKER OF THE GO (Address) 453 057. N. 1	V. Wash D.C.	24. Was disease or injury In any wey related to occupation	n of decaased?
, FILED Mcm- 31, 1936 4 8	Suriamator	(Signed) Frank a. Su	ear A A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(M)
-	3

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of OCCUPA-Every item of infor-Exact statement UNFADING INK-THIS IS A PERMANENT REC properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be N. B.—WRITE PLAI

STATE OF MARYLAND-CERTIFICATE OF DEATH

	OF DEATH			3	*	20	1110
	Charles				Registration	Dist. No	
Village or	r City Bel alton	, md.		ND. death occurred in a hospital or insti	tution give its NAM	E instead of street and	Ward
Length of r	rasidence in city or town where	death occurred		ds. How long in U.S. if			
2. FULL N	11 18	0					
	7	nace.			X		
(a) Resid	lence: No	(Usual place	of shode)	St.,Ward.	If nonresident	give city or town an	d State
PERSO	NAL AND STATIST			MEDICAL O	CERTIFICATE		d Diale
3. SEX	4. COLOR OR RACE	5. SINGLE, MARI		21. DATE OF DEATH	Δ	OI BLAIN	
male	00	OR DIVORCED	(write tha word)		narch	5	1936
	tou.	singl	-		(Month)	(Day)	(Year)
5a. If married, wid HUSBAND of (or) WIFE of	f alvorced	0		22. LHEREB	YCERTIE	Y. That I attended	d deceased from
(OF) WIFE OF							
& DATE OF BIRT	H (month, day, and year)	1 5 10	36	I last saw h alive on			
	Years Months	Days	If LESS than	to have occurred on the data sta			, death 13 said
		-	1 day,hrs.	The PRINCIPAL CAUSE OF DEA			
107			ormin.	ware as follows:			Data of enset
8. Irade, pro	ofession, or particular of work done, as SPINNER, 'ER, BOOKKEEPER, etc			Stillborn			
	ER, BOOKKEEPER, etc or business in which			Stillborn			
work	was dona, as SILK MILL, MILL, BANK, etc						
U 10. Data dece	eased last worked at	11. Total ti	me (vaars)				
- 1 1113 00	ccupation (month and	spen	tin this				
	B O Ca			Other Contributory Conses of Im	portance:		
12. BIRTHPLACE	(city of town)	on, rhel.					
1	0 0 D						
13. NAME 14. BIRTHPLA	James Chase	0					
A 14. BIRTHPLA	ACE (city or town) Chase.	Co.		Nama of operation		Data of_	
(State	or country)	-		What test confirmed diagnosis?_		Was there an	autopsy?
15. MAIDEN	NAME Olivia Sm	est		23. If death was dua to external c	auses (VIOLENCE) fi	ill in also tha following	ng:
15. MAIDEN	CE (city or town) Chae	Co.		Accident, suicide, or homicide?		Date of injury	19
₹ (Stata	or country)			Where did injury occur?			
	0 00.			Specify whether injury occurred	(Specify city or	town, county and St	ale)
17. INFORMANT (Address)	1 0 10 7	nd.		openi whether injury occurred	in moosiki, in in	Jime, or in robert r	LAUE.
18. BURIAL, CREM	IATION, OR REMOVAL			Manner of injury			
Placa C		Date Fran. 5	19 36	Manner of injury			
			,	Nature of injury			
19. UNDERTAKER	James Chare Ca	ching !	*************	24. Was disease or injury in any	way related to occup	pation of deceased?	
(Address)	/sel lil	los Med.	0	If so, specify	Burch .	C 0	
20. FILED mar.	5 ,1936	mary E. Bun	ch	(Signed) Mary T		L./K.	M. D
			Registrar.	(Address)	Bel all	m. Md.	

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Example I		Example II	
The principal cause of death and re of importance were as follows: Arteriosclerosis	elated causes Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APH	July 5, 1927	Peritonitis	3 days ago
BURE			
Other contributory causes of impor	tance:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 2836
00 0	Registration Dist. No. 103
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. 26 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Sladys Irene Dyson (a) Residence: No. Boll Olton (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw here on March 14, 19 36; death is said to have occurred on the date stated above, et 1239 Am.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10: Date deceased last worked et this occupation (month and spent in this spent	Rheunatic heart discose 1932
SAW MILL, BANK, etc	Congestive Reant failure 3-1-36
12. BIRTHPLACE (city or town) Bel alton, md. (State or country)	Other Contributory Cansea of Importance:
# 13. NAME Robert Dyson	Rubonary emplyseme 1932
(State of Country)	Name of operation Date of What test confirmed diagnosis? Was there an aulopsy? No
15. MAIDEN NAME Ornie Mills	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Omic Mills 16. BIRTHPLACE (city or town) Newport, Md.	Accident, suicide, or homicide? Date of Injury, 19
2 (State or country) 17. INFORMANT (Address) 18. (Address) 19. (State or country) 17. (Address) 19. (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place St Ilones Cemetary Date 3-15- 1936	Manner of injury
19. UNDERTAKER C. It. Rolly (Address) Bel alloy md.	24. Was disease or injury in any way related to occupation of deceased? NO. If so, specify Manual M
20. FILED Mast. 14, 1936 Mary E. Burch. Registrar.	(Signed) Sames & Mac Koro Front M. D. (Address) Sames & Plasta, No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
APR 3 1936			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones RIPEAT	May 1,1923	Gastroenteritis	1 year
The second secon			

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0 / 2851
County Oldo Co.	Registration Dist. No.
Village or City La Resta ma	/_NoSt., Ward
11)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME // Chand Gol	ner
(a) Residence: No. To Plala,	Nast., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Marin 30 1916
5e, If merried, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND of Lan Janner	22. I HEREBY CERTIFY, That I attended decessed from
1	June ,1935, 10 March 30, 1936
6. DATE OF BIRTH (month, dey, end year) Le. 7-1869	I lest saw Alan aliva on 128, 1936; death is said
7. AGE Yaers Months Days If LESS than 1 dev	to heve occurred on the data stated above, et 4:304:_m.
6667 3 23 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH end reletad ceuses of Importence were as follows:
Trada, profession, or perticular kind of work done, as SPINNER.	e about
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Clime hidrardili 2 1/10
work wes dona, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at // 11. Totel time (years)	Clus arlen vocleroris.
this occupation (month end yeer) spent in this occupation cocupation	
12. BIRTHPLACE (city or town) New Part	Other Contributory Causes of Importenco:
(Steta or country) Char-Co. Md.	
13. NAME Washington Gomes	
14. BIRTHPLACE (city or town) Cheep Come	Neme of operation Dete of
(Stata or country)	What test confirmed diagnosis?
15. MAIDEN NAME Solde Jenkus	23. If death was due to external causes (VIOLENCE) fill In elso tha following:
16. BIRTHPLACE (city or town) China Co' Constant	Accident, suicide, or homicide? Data of Injury19
S (State or country)	Whera did Injury occur?
17. INFORMANT A MA James	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address) La Plata ma (Wife)	
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place March Jean Compete Puld, 1996	Nature of Injury
19. UNDERTAKER & untlofferm	24. Was disease or injury In any way related to occupetion of deceesed?
(Address) waedth, md.	If so, specify
20. FILED Man 3/ 1936 dillian & vary	(Signed) Audo C M. D.
Regist far.	(Address) a l'ala lend.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year

UNFADING INK-THIS IS A PERMANENT RECOKD. AGE should be stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING GAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		119	
County Charle.		Registration Dist. No.	106
Village or City	n Head, Md death occurred — vrs — mo	No. Sideath occurred in a hospital or institution, give its NAME instead of streets. As How long In U.S. if of foreign birth? yrs.	St., Ward et and number)
2. FULL NAME Doro	thy Louise	Henderson	
(a) Residence: No. Indid.		St., Ward. If nonresident give city or too	an and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEA	
Famale 1. COLOR OR RACE Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 14 (Month) (Day)	, 193 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. February 22, 19 36, to Feb 26	
Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work done as SPINNER, SAWYER, BOOKKEEPER, etc.	Feb. 22, 1936 Days If LESS than 1 day,hrs. ormin. In fant	to have occurred on the date stated above, et. 8 A m.	و death Is seid :
SAW MILL, BANK, etc	11. Total time (years) spant in this occupation Hodd, 174.	Other Contributory Causes of importance: Prematurity	7362-193
14. BIRTHPLACE (city or town) (State or country)	10	None	re an autopsy? No
15. MAIDEN NAME Mary Estelle Handerson 16. BIRTHPLACE (city or town) Indian Head (State or country) Md. 17. INFORMANT Mary Gwynn (Address) Indian Head		23. If deeth was due to external causes (VIOL ENCE) fill In elso the formation of the succident, suicide, or homicide?	nd State)
18. BURIAL, CREMATION, OR REMOVAL Place Indian Head Md	Date March 14, 193 6	Menner of injury	
19. UNDERTAKER (Address) 20. FILED Maca - 15, 19.36 H	E Sunmyfort Registrar.	24. Was disease or injury in any wey related to occupation of decease If so, specify (Signed) Tank G. Sugar	M. D.

-WRITE PLA

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V. S. No. 1 N. B.—V

STATE OF MARYLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	9	
county Charles	Registration Dist. No.	
Village or City near La Plata	No	Ward
Length of residence in city or town where death occurred vrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmos	de
2 FILL NAME aliel Loola Mas		
2. FOLL NAME	T. Ohn	
(a) Residence: No. Well Australia (Usual place of abode)	St., 4 Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 15-4 (Month) (Dey) (Year	r)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased	
6. DATE OF BIRTII (month, dey, end yeer) Can 18-1936	I lest saw h elive on	
7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete steted above, etm.	
1 2 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence were es follows:	
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	no dripiero in Date of o	DNSOT
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work west done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceesed lest worked at this occupation (month end	Whodeing lough 22	Nes
10. Dete deceesed lest worked at this occupation (month end year)		
12. BIRTHPLACE (city or town) Chap Co	Other Contributory Causes of importence:	
(State or country) Maryland		
14. BIRTHPLACE (city or town) Class Co		
14. BIRTHPLACE (city or town)	Neme of operation Dete of	
(Stelle of Country)	What test confirmed diagnosis? Wes there en eutopsy?	
15. MAIDEN NAME altreune Smill 16. BIRTHPLACE (city or town) Chais Co (State or country)	23. If deeth was due to externel causes (VIDLENCE) fill in elso the following:	
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?	
17. INFORMANT Uny Mason	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.	
(Address) 18. BURIAL, CREMATION, DR. REMOVAL		
Piece New Louis Date March 16, 1936	Manner of injury	
19. UNDERTAKER Suy Mason Lathe acting (Address) La Pleud	24. Was disease or injury in any wey releted to occupation of deceased?	
20. FILED Maron / 3, 1936 Liller Mosey Registra.	(Signed) & illien V. Posey Keyst	M.Co.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

2839

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial mephritis APP 6 1936	1921	Run over by street car	1 week ago
Cereoral hemorrhage	July 5,1927	Peritonitis	3 days ago
MILREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(IX	RECORD (ACE should be stated EXACTLY, PHYSI-	sperly classified. Exact	ertificate
OR BINDING	S A PERMANE	ACE should be sta	that it may be properly classified.	ctions on back of certificate

PLACE OF DEATH	
2 1 1	
County & Marles	
- Residence of the second seco	
	(

Village or City Hughesville (No.

STATE OF MARYL CERTIFICATE OF DEATH

937C

Registration Dist. No. 108

50	St.: Ward)	(If death occurred in a hospital or institu- tion, give its l'AME is - stend of street and number.)
	MEDICAL CERTIFICATE O	F DEATH
	16 DATE OF DEATH MICK	16 , 1936
two	17 O I HEREBY CERTIFY, That I atte	
55	Jel 10 1925. 19 2116	16. 1.06
than	that I last saw h alive on	- 4
hrs.	The CAUSE OF DEATH * was as follows:	
	Description Jeg Jeons	
******	Secondary	vis nos ds.
	(Signed) July July July (Address) Affile	ase wel
	*State the I is ase Causing Teath, Violent Causes, state (1) Means of Inju- Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether
	18 LINGTH OF RESIDENCE (For Hospitalients or Recent Residents)	als, Institutions, Trans-
	or acarr	yrsmosds.
_	Where was disease contracted, if not at place of dea.h?	
	usual residence	DATE OF BURIAL
	Mar Hughenelle	melo 18 100 8
laz	Ryon Hunt	waldorf My

PERSONAL AND STATISTICAL PARTICU 5 SINGLE. 3 SEX

4 COLOR OR RACE

WIDOWED.
OR OIVORGED
(Write the word)

(Month) (Day)

IFLESS I day or n

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

6 DATE OF BIRTH

8 OCCUPATION

7 AGE

PA

9 BIRTHPLACE (State or country

10 NAME OF FATHER 11 BIRTHPLACE

RENTS OF FATHER (State or country)

12 MAILEN NAME

13 BIRTHPLACE OF MOTHER (State or Country)

(Address)

If more b.anks are needed, addre.s : tate negistrar, 13 %. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U.S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retrice from work, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Colton mill; (a) Salesman, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Ferries (reor given up on account of the DISEASE CAUSING Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servent, Sook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "E:haustion, tions, such as "Asthenia," "Anaemia" (merely symptom 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of FOR VIOLENT DEATHS State MEANS OF INJULY Chronic etc. valvular heart Always qualify all The contributory disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

V

S.

N. B.—WRITE PLA

V. S. No. 1

Every item of infor-

	-CERTIFICATE OF DEATH 2841
1. PLACE OF DEATH	95.2
County Charles	Registration Dist. No. 10 4
Village or City Thompsinguille	No. St., Ware If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Helen Pern	
(a) Residence: No. Thompsinsvilla	St., Ward.
↑ (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female White OR DIVORCED (write the word)	March 8, 193 6 (Month) (Day) (Year)
a. If married, widowed, or divorcad	22. HEREBY CERTIFY. That attended deceased fro
(or) WIFE of Francis a. Penn	February 14, 1936, to March 8, 1936
DATE OF BIRTH (month, day, and year) September - 1882	n 00
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.30 Am.
53 6 I day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or business in which	Essential Rypertersion 1928
work was done, as SILK MILL, Own Rome	Hypertroive Robot disease 1933
ID. Date deceased last worked at this occupation (month and spent in this spent in this	Congestive leart failure 12-30.
year) Dec. 1435 occupation 31	Dther Contributory Causes of importance:
BIRTHPLACE (city or town) Hallton Md. (State or country)	
13. NAME Peter Wedding	
0 00 1 10	Name of operation Date of
14. BIRTHPLACE (city or town) La Plasta, M. H. (State or country)	What test confirmed diagnosis? Was there an autopsy? No
15. MAIDEN NAME Farmie Wedding (cousin	23. If death was dua to axternal causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Hilltop Tool.	Accident, suicide, or homicide?
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
INFORMANT Francis a Pern	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Thompson le rod.	Warned States
Placety shy Short Date 3 -10 - 193	Manner of injury
IPO MARA	24. Was disease or injury in any way related to occupation of deceased?
9. UNDERTAKER (Address)	If so, specify
FILED 3 -8-1936 J. G. Augillen	(Signed) James L. Mac Kawanagh, M.
Registrar.	(Address) La Plata, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis ADD 6 1096	1921	Run over by street car	1 week ago
BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

0. 1	ARGIN RESERVED FOR BINDING	D FOR BI	DING)
-WRITE PLAINLY, WITH	UNFADING INK-TH	IIS IS A PER	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	m of infor-
mation should be carefully su	upplied. AGE should	be stated E	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	hould state
CALSE OF DEATH in plain	terms, so that it may	be properly c	CALSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	OCCUPA-
TION's very important. See instructions on back of certificate.	e instructions on back	of certificate.		

N. B.—WRITE PLA

V. S. No. 1

of certificate.

See instructions on back

very important.

STATE OF MARYLAND	CERTIFICATE OF DEATH 2042
1. PLACE OF DEATH	B) / 12 3
County CHARLES	Registration Dist. No. /0_
Village or City NEW bor. T	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME WILLIAM EdWARD	
(a) Residence: No. NEW bort Md	St. Ward.
(d) Residence, No. 17 52 vy CO (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
NIALE VVAILE MARRIED	(Month) (Dey) (Yaer)
5a. If married, widowed, or divorced HUSBAND of (67) WIFE OF L, LL; AN Edward WHEDS	22. I HEREBY CERTIFY, Thet I attended dacaasad from
(a) mireol [] [[[] AN	MARCH 1, 19.36, to NARCH 15, 1936
6. DATE OF BIRTH (month, day, and year) AUQUST 30, 1861	I last saw h.1. YI. alive on MARCh 14 , 19.36; death is seld
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebova, et. 7:554 m.
74 6 73 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER, FARMER SAWYER, BOOKKEPER, etc.	CEREBRAL HEMORRHAGE 3/1/3
9 Industry or business in which	\
work was done, as SILK MILL, FARM SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and 1935) spent in this spent in this occupation.	
n' // /	Other Contributory Causes of importance:/
12. BIRTHPLACE (city or town) NEAR NEW BORT, (State or country) CARS CO. MARY SANT	HRTERIOSCLEROSIS;
	DIABETES MELLITUS
E O O O O O O O O O O O O O O O O O O O	
[14. BIRTHPLACE (city or town) - WARYLAND.	Name of operation Date of Was there an autopsy? No
	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME HMANDA LIANCASTER. 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?
State or country) MARYLAND.	Whera did injury occur?
17. INFORMANT MRS. MERLIN TIBBETT	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) WASHINGTON D.C.	7
18. BURIAL, CREMATION, OR REMOVAL ST. MARYS CEMETER) Place NEW LORT, Md. Date MARCH 17, 1936	Menner of Injury
Place NEW PORT, NO Date MARCH 17, 1936	Nature of injury
19. UNDERTAKER 4. C. VELCH	24. Wes diseasa or injury In any way related to occupation of deceasad?
(Address) CHALTICO, MA	If so, specify
20. FILED Med, 16, 1936e J. Co Neppelline. Registrar.	(Signed) Chapteco Marylands.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 3 1950	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A design of the state of the st			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		